



JOHN D. KINARD

DISTRICT CLERK GALVESTON COUNTY

TODAY'S DATE: _____

CASE NUMBER: _____

COURT NUMBER: _____

INDIVIDUAL RECEIVING SUPPORT:

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL	
_____ DRIVER'S LICENSE #	_____ STATE	_____ DOB	_____ LAST 4 DIGITS OF SS#
_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ HOME PHONE #	_____ WORK PHONE #		

INDIVIDUAL PAYING SUPPORT:

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL	
_____ DRIVER'S LICENSE #	_____ STATE	_____ DOB	_____ LAST 4 DIGITS OF SS#
_____ STREET ADDRESS	_____ CITY	_____ STATE	_____ ZIP
_____ HOME PHONE #	_____ WORK PHONE #		

CHILDREN(S) INFORMATION:

_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL
_____ D.O.B	_____ GENDER	_____ LAST 4 DIGITS OF SS#
_____ LAST NAME	_____ FIRST NAME	_____ MIDDLE INITIAL
_____ D.O.B	_____ GENDER	_____ LAST 4 DIGITS OF SS#

Is this child to be paid by an employer on a wage withholding order? ☐ Yes ☐ NO

Comment (if any):

I verify that the above information was taken from the Decree of Divorce/Order of the Court that was entered on _____
by the Honorable Judge _____.

Attorney Name

Bar Number

Attorney Signature